



CREDIT CARD AUTHORIZATION FORM

RECURRING MONTHLY FINANCIAL PLANNING CHARGES

Customer's Name: _____ Home Phone Number _____
 Address: _____ Business Phone Number _____
 _____ Cell Phone Number _____

 Email Address: _____

Select One: Signature Service Standard \$29.95/Mo. Signature Service Elite \$39.95/Mo.

Select One: Mastercard Visa Discover

Personal Credit Card Cardholder Name: _____
 OR Company Name: _____
 Corporate Credit Card Card Billing Address: _____
 Card Billing City, State, & Zip Code: _____

Notice to cardholder: (Please read before signing)

Cardholder agrees that his/her signature on this form constitutes his/her signature on file and becomes his/her agreement to pay all charges as signed by the cardholder and that Ragain Financial Inc. is authorized to charge the identified account of Cardholder.

Credit Card Number: _____ Expiration Date: _____

Financial Planning Charge: \$ _____
 Investment Planning Charge: \$ _____
 Current Total Charge: \$ _____
 Effective "Bill From" Date: \$ _____

I authorize, as signature below represents, the above credit card to be charged each and every month – on or about the _____ of the month until such time as I wish to cancel my financial planning.

Notice to cardholder: (Please read before signing)

I understand that in the event 1.) my credit card expires or 2.) the charges for my monthly planning changes, and I desire to continue the service planning, I will be required to fill out another credit card authorization form.

Cardholder signature: _____ Date: _____